

14031231952

**FEC
FORM 3P**
**REPORT OF RECEIPTS
AND DISBURSEMENTS**

 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED

2014 APR 29 AM 9:32

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

GUAR FOR CONGRESS

7182 LIBERTY CENTRE RD SUITE D

ADDRESS (number and street)


 Check if different
than previously
reported. (ACC)

WYOMING

CITY

OH

STATE

45069

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00549881

 3. THIS REPORT IS FOR Primary ☒ or General ☐

4. TYPE OF REPORT (Choose One)

 Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:



April 15 (Q1)



October 15 (Q3)



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)



July 15 (Q2)



January 31 Year-End Report (YE)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)



Thirtieth day report following the General Election

on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY



Twelfth day report preceding

 MAY 6th

election

on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

OH

Is this Report an Amendment?



yes



no

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

FRANK N. MILLER

Signature of Treasurer

Frank N. Miller

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

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Use
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